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APPLICANTS *One P.S.*  
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\*\* CONTINUING DATA \*\*\*\*\* *None P.S.*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *One P.S.*  
 UNITED KINGDOM 0401567.3 01/26/2004

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after <i>Philip Aray</i> Examiner's Signature Initials	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 11	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 1
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ADDRESS  
 22442  
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TITLE  
 Needle-free injection device

FILING FEE  RECEIVED 513	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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